There’s No Place Like Home: Aging Network Innovations in Home Modification

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Speakers

• Damon Terzaghi, National Association of Services United for Aging and Disabilities (NASUAD)
• Emily Nabors, MSG, USC Leonard Davis School of Gerontology
• Mark Meyers, MPA, Philadelphia Corporation for Aging
• Tori Goldhammer, MS, OTR/L, ATP, ECHM, CAPS, CEAC, LMT, DC Dept. of Aging & Community Living
NASUAD engaged in this initiative to raise awareness about the need for and options to provide home modifications across the aging network;

Accessible housing is crucial component of ensuring access to HCBS and delaying or preventing the need for institutional placements;

While there are many different programs that may help participants with home modification, they are spread across a wide range of programs, statutory codes, and government agencies;

In many cases, one of the first and best steps that can occur is mapping the available resources and providing education to improve coordination across programs.
NASUAD’s NCI-AD initiative is a consumer-focused survey that looks at participant experience in publicly-funded aging and disability programs from a systems-level;

Goal of NCI-AD is to measure:
- The quality of publicly funded LTSS; and
- The outcomes experienced by service recipients.

The 2017-2018 national report, due out in September, covered 16 states and captured important information and context about participants’ access to home modification services.
Key Highlights from NCI-AD

- Proportion of people who report needing grab bars in the bathroom or elsewhere in their home but do not have them:
  - Total: 13%
  - Community: 15%
  - Nursing Home: 1%

- Proportion of people who report needing bathroom modifications (other than grab bars) but do not have them
  - Total: 14%
  - Community: 16%
  - Nursing Home: 1%

- Proportion of people who need a ramp or stair lift in or outside their home but do not have it:
  - Total: 9%
  - Community: 11%
  - Nursing Home: 0%

- Proportion of people who need some other home modification but do not have it
  - Total: 6%
  - Community: 7%
  - Nursing Home: 1%
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• Applied Research
• Information Dissemination
• Professional Education and Training
Promoting Aging in Place by Enhancing Access to Home Modifications

**Goal:** to maximize older adults’ ability to age in place by increasing the availability and awareness of HM at the local, state, and national levels

1. Develop a knowledge base
2. Improve coordination among HM programs
3. Train aging network to deliver, promote access to HM
4. Improve access to and use of HM by older adults and caregivers

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People Aging in Community

Aging in Place maintains access to resources, social connections, and supports independence (Pynoos, et al, 2006).

Sources: Chart: U.S. Census Bureau, Population Estimates and Projections From: A Profile of Older Americans, 2016, Administration on Aging Administration for Community Living U.S. Department of Health and Human Services; Photo: National Council on Aging
Housing Does Not Support an Aging Population

Photo by Milly Eaton from Pexels
Where Do Falls Occur?

55% - Inside the House
23% - Outside Near House
22% - Away from Home

Sources: National Health Interview Survey, 1997-8 (Kochera, 2002); Kitchen Photo: Person, Environment, Performance Laboratory, Washington University in St. Louis, School of Medicine, Program in Occupational Therapy
What is Home Modification?

Change the environment

- Remove Fall Hazards
- Add Supports
- Change Behavior
Benefits of Home Modifications

- Make daily activities easier
- Reduce falls, injuries
- Reduce depression
- Increase activity
- Increase social connectedness
- Save $/Cost effective
- Support caregivers
- Avoid institutional settings
Home Modification Examples: Bathroom

Eskaton, Sacramento, CA
Home Modifications in the Kitchen

Eskaton, Sacramento, CA

Eskaton, Sacramento, CA
Home Modifications for the Stairs
Home Modification Process

Intake
Assessment
Set Priorities
Secure Funding
Installation
Follow Up

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SUAD Home Modification Activities

- Administer/monitor statewide HM services via AAA or Title VI orgs
- Integrate HM services within HCB and/or LTC programs
- Jointly administer programs with other state agencies that include HM
- Conduct activities to raise awareness about HM among consumers
- Educate/train professionals on HM
- Advocate to increase HM funding, policies and/or services
- Incorporate strategies to address individuals’ HM needs into the state plan
- Participate in task forces/planning activities with other agencies the state
State HM Funding Sources

- Dept of Agriculture
- Assistive Technology Program
- Dept of Energy
- Dept of Housing and Urban Development
- Housing Finance Agency
- Medicaid Office
- Dept of Rehabilitation
- Dept of Social Services
- Dept of Veterans Affairs
State HM Funding Examples

- Alaska Dept of Health and Social Services, HAIP
- Colorado Dept of Health Care Policy & Financing, Home Modification Benefit Program
- Illinois Dept of Aging, Community Care Program
- Iowa Dept on Aging & Veterans Health Administration, VD-HCBS
- Wyoming Dept of Health, Home Services Program
- Pennsylvania Dept on Aging, OPTIONS Program
Thank you!

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gerod.usc.edu
www.homemods.org
www.stopfalls.org
Philadelphia Corporation for Aging’s (PCA)

HOUSING DEPARTMENT
Mark Myers, Housing Director
Philadelphia Corporation for Aging

Area Agency on Aging - 1973

Private Non-Profit – 700 employees

Mission is to help people remain in their homes and communities for as long as possible.
Housing Department Mission: Improve the safety, accessibility and affordability of housing for older Philadelphians and those with disabilities (est. 1980).

Only AAA in the State of Pennsylvania that has a Department dedicated to housing services.

All together PCA funded 1,123 home repairs and modifications in Fiscal Year 2019.
Framework: Safe Homes for Seniors

1) Repairs & Modifications – To enhance PCA’s home repair and modification programs through new funding streams and new partners.

2) Educate Seniors – To empower seniors to make their homes safer and healthier.

3) Advocacy – To promote specialized agendas and to connect with larger initiatives.
Minor Repairs vs. Modifications

Repairs “fix” something that is broken ie:

• Repair or installation of exterior doors
• Installation of dead bolt locks
• Replace leaky faucets
• Repair toilets
• Replace basement wooden steps
Minor Repairs vs Modifications

Home modifications “adapt” something to a person’s particular needs i.e.:

- Adapting existing bathroom fixtures
- Installing grab bars and hand-held showers
- Installing hand railings and intercom systems
- Smoke detectors and carbon monoxide alarms
PCA’s Signature Housing Program: SHARP

Senior Housing Assistance and Repair Program (SHARP)

• Provides minor **repairs and modifications** to **homeowners** 60+ in Philadelphia to improve the home’s safety, security and accessibility.

• Max $2,500 per household every 5 years. $1,500 towards Repairs / $1,000 towards Mods.

• Cost Sharing

• Budget = Approximately $1,750,000
PCA’s Signature Housing Program: SHARP

Through SHARP in FY 2019 we provided the following:

- Handheld Showers     500
- Hand Rails           200
- Grab Bars            1,500
- Kitchen Faucets      350
- Bathroom Faucets     250
- Exterior Iron Railings 400
Other PCA Housing Services

• Caregiver Support Program (Modifications)
• Community Health Choices (formerly PCA Waiver)
• Options Program (Modifications)
• Managed Care Organizations – Health Springs (Modifications)
• Special Grants – Del Mar (Major Repairs)
• PCA’s In Home Support Program (Minor Repairs)
• PCA Helpline – Affordable Housing List
2019 Snapshot

- SHARP 721
- Waiver 244
- Options 35
- CSP 12
- MCO 24
- Delmar Fund 87

TOTAL 1,123
Frequently Asked Questions

• Can you fix my roof?
• Where am I on the waiting list?
• My toilet is running, can you come out to fix it?
• Does Housing help people relocate?
• How long does a housing job take to complete?
• When do we use an O.T. and why?
• Does Housing perform repairs for Waiver consumers?
• Does Housing help with title work?
Education and Advocacy

• Communications Department’s Milestones Magazine
• Special Events
• Senior Centers & Falls Prevention
  • Safe Homes for Seniors Listserv – 135 advocates from Housing and Aging Professions
  • Sit on Committees – ie. Visitability Committee, Philadelphians Against Bed Bugs, Healthy Rowhouse, etc.
• Quarterly Housing Counselor’s Meeting
My Contact

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District of Columbia

As of 2016, the population of 65 and older in the District (DC) was ~79,000 or ~11.6% of DC population

Since 1975 the DC “Office on Aging” served District seniors

Age Friendly City

2019 the “Office on Aging” became the “Department of Aging and Community Living”
Background

• In 2011 the DC Falls Free Coalition was founded

• Goals of the Coalition included advocating for a grant based home modification for Seniors in the District of Columbia

• February 2015 the DC Office on Aging (DCOA) provided Home Care Partners (HCP) with a $56,000 grant to run a small pilot program
2015 Pilot program

Pilot program:

◦ February through July, Occupational Therapists (OT’s) conducted home assessments and provided reports with recommendations for fall prevention including home modifications

◦ Beginning July, DCOA began funding the modifications up to $1000 per household

◦ 85 clients were seen; 37 received funded modifications (average $727 per client)

◦ Outcomes

  ◦ 22% decrease in “fear of falling” as measured by the Falls Efficacy Scale (FES)
  ◦ 48% decrease in “home safety hazards” as measured by the SAFER HOME assessment
Safe at Home

Full program launched January 2016

**Mission:** To promote aging in place for older adults (60 years and above) and residents living with a disabilities (18 to 59 years old) by offering home accessibility adaptation grants that reduce the risk of falls and reduce barriers that limit mobility.
Safe at Home Grants

**FY 16:** DC dollars: $10,000 grant per household

**FY 17:** Combination of CDBG and DC dollars; $10,000 half fiscal year, decreased to $6000

**FY 18 and 19:** DC dollars: $6000 per household
Eligibility

1. DC Resident
   - Renters, homeowners and condo/co-op

2. Age 60+ or 18-59 with disability

3. Income: based on Area Median Income (AMI) for a “household”

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Protocol

First Occupational Therapy (OT) visit
- Up to 7 standardized assessments
- Balance/strength, vision, home environment, fall risks and goals/concerns

Scope of work completed
- Vetted contractors
- Price list based on up front bidding
- One year warranty on all installed products

Final OT visit
- Repeat goals/concerns and home environment assessments
- Train on equipment
- Add additional equipment and recommendations as needed
Rails
Stairlift
Tub Cut
Transfer Bench
Toilet
Exterior
Re-enter program

1. Significant change in functional status
2. 3 years passed
3. Moved
Demographics

Single women

80+ years of age

Homeowner
Data

FY 16: 455 clients; Georgetown University study revealed:
- Falls decreased from 0.92 per person per year to 0.24 falls per person per year after the modifications.
- Drop in the percentage of participants who experienced a fall, from 36% before to 10% after modifications.

FY 17: 52% reduction in *SAFER scores and a 49% reduction in *FES scores at the completion of Safe at Home services based on 585 clients received pre and post OT visits

FY 18: 56% reduction in SAFER scores and a 47% reduction in FES scores at the completion of Safe at Home services based on 852 clients who received pre and post OT visits

FY 19: Goal 855 clients

*SAFER = SAFER Home Safety Assessment   *FES = Falls Efficacy Scale
Unique

$6000 grant

Renters and Owners

Occupational Therapists
- Additional training required for home modifications
- Pre and post installation visits
- Outcome data collected

Contractors
- Set pricing with **specific products**
- Vetted contractors experienced with home modifications
- No product specific vendors, must be able to manage a complete job
Challenges

Maintaining equipment
Home repairs
Dollars limited to “household” vs. “per client”
Keeping up with demand in timely manner
Questions?

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